Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL065011 09/17/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1605 ROBINHOOD ROAD SHERWOOD MANOR REST HOME WILMINGTON, NC 28401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) (C 000) Initial Comments (C 000) This is a Report of a Biennial Follow-up Survey conducted by Greg Cates and Ed Miller on September 17, 2015. Some of the previously cited deficiencies have not been corrected and will require further action CONSTRUCTION SECTION (C 164) Housekeeping and Furnishings-Clean, Repaired (C 164) OCT 12 2015 SECTION .0300 - PHYSICAL PLANT RECEIVED 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: The facility has failed to meet the rule for keeping walls, ceilings and floors in good repair. There is a pattern of wall, ceiling, floors and doors in need of maintenance, and repair including but not limited to specific examples as listed below. A. Findings on 07/17/2015 Living Room b. The bottom rail on the side exit door is rotting. and the wood door surface facing is delaminating. Findings from 09/17/2015 No Change 110.53.03 Beauty Parlor The wall above the thru wall HVAC unit is damaged. ivision of Health Service Regulation ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (MB) DATE

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 R B. WING HAL065011 09/17/2015 NAME OF PROVIDER OR SUPPLIER SYREET ADDRESS, CITY, STATE, ZIP CODE 1605 ROBINHOOD ROAD SHERWOOD MANOR REST HOME WILMINGTON, NC 28401 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUSY BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) (C 164) (C 164) Continued From page 1 Findings from 09/17/2015 No Change Replace Latch Room #3 10:23:15 b. The door to the corridor is missing its latch and latch plate. Findings from 09/17/2015 No Change 10.53.15 9. Room #21 - The wall paint is marred and scratched. Findings from 09/17/2015 No Change Repair tile crack 7)-53-01 11. Large Bath #2 a. The ceramic tile is cracked at the shower half Findings from 09/17/2015 No Change II. Based on observation the rule is not met as evidenced by a pattern ceilings and floors not maintained in a clean condition. A. Finding on 07/17/2015: Facility - There is a pattern of floor areas. stained with wax build up and wax build up around the bottom of door frames. Findings from 09/17/2016 Although the floors have been waxed recently, it floors cleaned around wish appears they were not cleaned properly prior to bottom of door frames waxing as hair, dirt, and other items are embedded into the wax.

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL065011 09/17/2015 NAME OF PROVIDER OR SUPPLIER SYREET ADDRESS, CITY, STATE, ZIP CODE 1605 ROBINHOOD ROAD SHERWOOD MANOR REST HOME WILMINGTON, NC 28401 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (3.5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE OATE TAG TAG DEFICIENCY) (C 166) Continued From page 2 (C 166) (C 188) Housekeeping-Maintained Free of Hazards (C 186) SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: I. Based on observation the facility is not maintained free from from hazards such as overloaded electrical circuits and obstructions to electrical panel access. front of electrical pands A. Findings on 07/17/2015: 2. Exterior Mechanical Room a. There are items stored in front of the electrical panels. Findings from 09/17/2015 No Change (C 189) Building Equipment Maintained Safe, Operating (C 189) SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 R B. WING HAL065011 09/17/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1605 ROBINHOOD ROAD SHERWOOD MANOR REST HOME WILMINGTON, NC 28401 SUMMARY STATEMENT OF DEFICIENCIES' (XA) ID PROVIDER'S PLAN OF CORRECTION DO51: PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG: REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) (C 189) Continued From page 3 (C 189) This Rule is not met as evidenced by: Based on observation of approximately 12 rooms in the facility the rule is not met as there is a pattern of fire safety systems not maintained in a safe condition. Fire safety systems such as fire resistant rated construction assemblies that are not maintained could effect all residents of the facility by allowing fire and smoke to spread beyond the area of origin. Specific examples include but are not limited to those listed below: A. Findings on 07/17/2015: warped & damaged cuting tiles replaced 2. Resdient bedrooms - Ceiling tiles are warped or have damaged corners that create gaps at the ceiling grid thus compromising the fire resistant rating of the ceiling assembly. Findings from 09/17/2015 Although some ceiling tiles have been changed out, there is evidence throughout the facility that most of the existing tiles are warped beyond repair and do not provide the intended 1-hour protection. IV. The rule is not met as evidenced by plumbing not maintained in a safe operating condition. Plumbing that is not installed with required safety devices could present a safety concern for the residents of the facility. A. Finding on 07/17/2015: Beauty Parlor - The hand held rinse wand does Replace rive wand not have a vacuum breaker to prevent backflow 10231 of contaminated water into the facility's water supply. Findings from 09/17/2016 No Change Jivision of Health Service Regulation

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SHERWOOD MANOR REST HOME, INC.

1605 RÓBIN HOOD ROAD WILMINGTON, NORTH CAROLINA 28401 (910) 762-9531 (910) 762-9544 FAX; (910) 762-5497

10-12-15

Montoring Plan:
Once a month a walk thring facility will be done to inspect all aspects of Houskeeping and Turnshings; conducted by this Huther, administrator.

Family Atmosphere Built On An Environment Of Love And Dignity